

APPLICATION FORM Summer 2012

Photo
(30mmX40mm)

Please fill in this form completely.

1. Personal Information

Last Name	First Name	<input type="checkbox"/> Male
		<input type="checkbox"/> Female
Nationality	Date of Birth (dd/mm/yy)	Place of Birth
(Home address) Street and Number	City	State
Zip Code	Country	E-mail
Home Telephone	Cell phone	Fax
Occupation		
(Address in Italy if you have) Street and Number	City	State
Zip Code	E-mail	
Telephone	Cell phone	Fax
Company or School	Number of permission of stay	

2. Program You are applying I prefer to attend classes in Italian English.

<input type="checkbox"/> Interior Design	<input type="checkbox"/> Product Design	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Fashion Design
<input type="checkbox"/> Shoe Design	<input type="checkbox"/> Bag Design	<input type="checkbox"/> Illustration	<input type="checkbox"/> Textile Design
<input type="checkbox"/> Jewelry	<input type="checkbox"/> Shoe Making	<input type="checkbox"/> Bag Making	<input type="checkbox"/> Painting and Drawing
<input type="checkbox"/> Restoration of Paintings	<input type="checkbox"/> Ceramics		
<input type="checkbox"/> Italian Home Cooking (*Includes shared double or triple room of flat.) ¹	<input type="checkbox"/> Italian Language		

3. Duration

Starting date (dd/mm/yy)

/ /

- 8 days 2 weeks (14 days) 3 weeks (21 days)
 1 month (4 weeks) 2 months (8 weeks) 3 months (12 weeks) *excluding school holidays

4. Housing - Flat Shared

- Double/triple Room Single Room *You must pay additional charge.

5. Enclosing the following documents

- Summer Admission Form An international postal / money order or a copy of the enrollment fee of wire transfers.
 Photocopy of your passport or ID 4 passport photos (3cmX4cm) Photocopy of your permission of stay if you have.

Please send us the following items, if you have. Portfolio of 12 Art works (CD-ROM preferred) A portfolio description sheet

6. Payment Procedure

- By International Postal / Money Order By Wire Transfer

Bank Name: Banco Posta Account Holder's Name: Accademia Riaci Account Holder's Address: Via De' Conti, 4 - 50123 Firenze, Italia
TEL: +39-055-289831
CODE IBAN: IT26 W076 0102 8000 0008 4496 884 CODE BIC/SWIFT: BPIITRRXXX CIN: W ABI: 07601 CAB: 02800 N.CONTO: 000084496884

*If sending fee by bank transfer, you should add Euro 68 to the total amount payable to cover the charges made by bank.

I have read the brochure and I agree to the GENERAL CONDITIONS TO THE ENROLLMENT IN THE COURSES.

Signature

Date



Accademia Riaci

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